

Checklist of Required Documents to obtain Medical Cannabis License

Mayor's Verification/Proof of Guam Residency of at least 6 months on Guam (for owners and/or Authorized Responsible Official)
Police Clearance (for all owners, officers and board members)
Court Clearance (for all owners, officers and board members)
Attorney General Clearance (for all owners, officers and board members)
Affirmation that the proposed medical cannabis business is not within a Drug Free School Zone
Proof that the applicant has legal title filed with Department of Land Management on which the proposed medical cannabis business will be located, or has a legal lease agreement with property owner that includes consent to operate the proposed medical cannabis business on the property
Proof that the propose facility is registered with the Department of Revenue and Taxation and has a business license and Business Privilege Tax Number with the Department of Revenue and Taxation.
Affirmation that the proposed medical cannabis business has 51% ownership by legal residents of Guam
Copy of operating procedures addressing equipment handling and sanitation procedures, procedures to ensure the use of adequate security measures, and the use of inventory control system
Certified statement that none of the persons who are proposed to be owners, officers, or board members of the proposed medical cannabis business have served as an owner, officer, or board member for a licensed medical cannabis business that has had its license revoked within three (3) years of the current application date
Proof that none of the persons who are proposed to be owners, officers, or board members of the proposed licensed medical cannabis business are under 21 years of age
Declaration that the proposed licensed medical cannabis business will not knowingly employ a person who was convicted of a felony offense, is under the age of 21, or who may have a conflict of interest as a practitioner providing written certification to a qualified patient for the use of medical cannabis
Certified letter from the planning department of the Department of Land Management stating that the location of the facility meets all zoning requirements.
A plan for sufficient equipment to monitor temperature, ventilation, humidity control equipment and any other necessary equipment that preserves the integrity of the medical cannabis, prepared medical cannabis, medical cannabis product, and the safety of patients and operations.

Required Agency Clearances to obtain Permit to Operate

DPHSS Division of Environmental Health
Department of Agriculture
Department of Land Management
Department of Revenue and Taxation
Department of Public Works
Guam Environmental Protection Agency
Guam Fire Department

Government of Guam
Department of Public Health and Social Services



Medical Cannabis
License and Registry
Identification Card
Requirements and Fees


"The Joaquin (KC) Concepcion, II Compassionate Cannabis Use Act of 2013"



Types of Medical Cannabis Business

- Commercial Cultivation Facility
- Commercial Manufacturing Facility
- Dispensary
- Testing Laboratory





**Types of
Registry Identification Cards**

Qualified Patient
Primary Caregiver
Responsible Official
Employees
Designated Courier

FEES	*License Application	*License New	License Renewal	*Permit Application	*Permit New	Permit Renewal
Type I Cultivator	\$2000	\$3000	\$3000	\$2000	\$2000	\$2000
Type II Cultivator	\$5000	\$5000	\$7500	\$5000	\$5000	\$5000
Type III Cultivator	\$10000	\$10000	\$15000	\$15000	\$15000	\$15000
Manufacturer	\$5000	\$5000	\$5000	\$5000	\$5000	\$5000
Dispensary	\$5000	\$5000	\$5000	\$5000	\$5000	\$5000
Testing Lab	\$2000	\$2000	\$2000	\$2000	\$2000	\$2000

FEES	Initial Fee	Annual Fee
Qualified Patient	\$15	\$10
Primary Caregiver	\$100	\$75
Responsible Officials or Employees	\$1000	\$750
Designated Courier	\$200	\$175
Authentication of Practitioner Written Certification	\$1	\$1

REQUIRED DOCUMENTS
Qualified Patient
Proof of Residency
Written Certification from Practitioner
Primary Caregiver
Proof of Residency
Police Clearance
Court Clearance
Written Designation from Qualified Patient
Primary Caregiver Registration
Responsible Official or Employee
Mayor's Verification/Proof of Guam Residency
Police Clearance
Court Clearance
Attorney General Clearance